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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Office:

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

MAINE ETHICS COMMISSION

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

EUZABETH S. MILLER Mailing address G HEMOCK LANE City, zip code			District 52		
			Phone		
			SOMERVILLE, ME	04	348
PART 1. INCOM	IE DERIVE	D FROM EMPLOYMENT BY AND	THER		
List the name and address of each employer from economic activity of each employer.	om whom yo	ou received compensation of \$1,000 o	r more. Specify the principal type of		
Name of Employer		Address	Principal Type of Economic Activity of Employer		
BINGHAM PROGRAM (TUFTS MEDICAL CTR)	800	o washington st.	HEAUTH CARE		
(TUFTT MEDICAL CTK)	BOS	TON, MA OZILI	(PHILANTHROPY)		
	era, va gen de tra da maria de tra de la comparta del la comparta de la comparta del la comparta de la comparta del la comparta de la c		engenerarina ar an ar ar ar an a		
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	SILVA MANA NACIONA	The state of the s	and Statement American Constitution of Mills (Mills of Mills (Mills of Mills of Mill		
	***		and the state of t		
		RIVED FROM SELF-EMPLOYMEN			
		rs who are self-employed.)			
A. List the name and address of your business, associated with a partnership, firm, professional entity.	association,	ist the major areas of economic activit or similar business entity, list the maj	y from which you derived income. If or areas of economic activity of that		
Name and Address of Business Entity		Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)		
Name:			iki kata pangangan ngangan ngangan ngangan ngangan ngangan ngangan ngangan nganggan na mangangan nganggan ngan		
Address:			•		
Name:	elle olderlichen geleinlichen Arten zwer-ere-Aranizachen (obsonie).	приводення в поставля достоводить потов достов д	THE CONTRACTOR OF THE CONTRACT		
Address:			**************************************		

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY (For Legislators who are self-employed.)	(MENT
B. List each source of income derived from self-employment that represents more than 10% of your geneater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal or person from whom the income was derived.	derived such income. If this form of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	4 Development of the Control of the
Address:	
Name:	Versional dealers may
Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your fi	
Name and Address of Firm Major Areas of Pra (self)	actice Major Areas of Practice (firm)
Name:	
Address:	
Name:	
Address:	
PART 4 OTHER SOURCES OF INCOME	
PART 4. OTHER SOURCES OF INCOME List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include of	jifts. If none, check the box.
PART 4. OTHER SOURCES OF INCOME List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include g	pifts. If none, check the box.
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include g	ifts. If none, check the box. Kind of Income (investments, leases, etc.)
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include g	Kind of Income
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include go None Name and Address of Source Name: AMERI PRISE FINANCIAL SERVICES Address: 7 N.CHESTMUT ST., AUGUSTA, ME 04330	Kind of Income (investments, leases, etc.) [NUEST WENTS
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include go None Name and Address of Source Name: AMERI PRISE FINANCIAL SERVICES	Kind of Income (investments, leases, etc.)
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List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include go None Name and Address of Source Name: AMERI PRISE FINANCIAL SERVICES Address: 7 N.CHESTAUT ST., AUGUSTA, ME C4330 Name: UNCOLN AUGUSTA (TUFTS MED CAL CTR) Address: 3800 N. WILKE DD, ARUNGTON HTS, IUUNOIS	Kind of Income (investments, leases, etc.) INVESTMENTS PETIPEMENT PROPHAM reporting period, and list the major
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include go None Name and Address of Source Name: AMERI PRISE FINANCIAL SERVICES Address: 7 N.CHESTAWIT ST., AUGUSTA, ME C4330 Name: UNCOLN AWARIE (TUFTS MED CAL CTR.) Address: 3800 N.WILKE RD, ARUNGTON HTS, ILUNOIS PART 5. REPORTABLE LIABILITIES List the names of creditors for any unsecured loans of \$3,000 or more that you received during the	Kind of Income (investments, leases, etc.) INVESTMENTS PETIPEMENT PROPHAM reporting period, and list the major
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	. REPORTABLE GIFTS			
List the specific source of each gift of more than \$300. Including check the box.	ude gifts with an aggregate	value of more than \$300 from a single source. If		
None	ERALIGIBATE (PARIS APPENDIS APPENDIS APPENDIS APPENDIS APPENDIS A CONTRACT APPENDIS			
Name of Source of Gift		Name of Source of Gift		
1 COUNCIL OF STATE GOVERNMENTS	3.			
2.	4.			
PART 7. RI	EPORTABLE HONORAR			
List the source of any honoraria accepted for appearances or	speeches related to your le	gislative responsibilities. If none, check the box.		
None Name of Source of Honoraria		Name of Source of Honoraria		
Name of Source of Tropic and a second	3.	Nation Source of Everyana		
	We have a sense to real transfer of the sense of the sens			
2.	4.			
	TATION BEFORE STATI			
List each executive branch agency before which you represe box.	ented or assisted others for	compensation of any amount. If none, check the		
None				
Name of Agency		Name of Agency		
1.	3.			
2.	4.			
PART 9. BUSIN	IESS WITH STATE AGE	NCIFS		
List each executive branch agency to which you or a member				
\$1,000 during the reporting period. If none, check the box. None	## CETT TO THE TOTAL PROPERTY CONTRACTORY CONTRACTORY CONTRACTORY AND ADMINISTRATIVE CONTRACT			
Name of Agency		Name of Agency		
1.	3.	3.		
2.		**************************************		
PART 10. INCOME RECEIVE				
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not i	f of income represented. If	e received by your spouse or domestic partner or your spouse or domestic partner received \$1,000		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship Kind of Income		
Name: Poy S. Much	1. Health Care	Spouse) or 1. EmployMENT		
Job Title: FAMILY PHYSICIAN	2. 3.	Domestic 2. Partner 3.		
If dependent child(ren) receive more than \$1,000 of income	Audio Service	Child FELLOWSHP Sependent EMPLOYMENT Child EMPLOYMENT		
for the reporting period, list only the type of economic activity and the kind of income.	Audio Service	S Child EMPLOYMENT		
		Dependent J Child		

PART 11. OFFICE	PART 11. OFFICER OR DIRECTOR POSITIONS						
List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member.							
□ None							
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?			
ONPOINT HEAUTHDATA 16 ASSOCIATION DRIVE	DIFFEROR	SELF		No			
MANICHESTER, WE 04351							
MATORVILLE, ME 04901	DIRECTOR	HUSBAOW	ROY	No			
MAINE HEALTH ACCES FOUNDATION 150 CAPITOL ST, SMITE 4 AUGUSTA, ME 04230	DIFFETOR	SELF		No			
	SIGNATURE						
A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A) The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)							
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Ehzelser S, Miller Signature		Date					
ADDITIO	NAL INFORMATIO		ing green street in the light.				
Please provide any additional information below (and on the information you are providing.	additional sheets if	needed). Indicat	e the part or section	on number for			
Part/Section Number							